



## STOP Annual Report Form Batterer's Intervention

Contractor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contract Number: \_\_\_\_\_

**Reporting Period:** *January 1 – December 31*

**Report Due Date:** *January 15*

**A. What type of assessment is conducted to determine the appropriateness of the program for each individual referred or mandated to the program?**

**B. What type(s) of services are provided by the program?**

\_\_\_\_\_ **Group**          \_\_\_\_\_ **Individual**          \_\_\_\_\_ **Combination Group and Individual**

**C. What is the duration of the program implemented through this STOP funding?** *(Be specific as possible, e.g., group sessions of two hours each are held two times per week for 16 weeks with individual sessions being held for one hour each week.)*

**D. What issues are addressed by the program?** *(Please be as specific as possible.)*

**E. Does the program allow for any type of assistance for the participant with basic living skills, self-esteem issues, parenting skills, etc.?**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

*If yes, what type of assistance is offered?*

**F. Does the program offer any type of assistance to the partners of the individual who are participating in the program?**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

*If yes, please provide detailed information about the assistance offered.*

**G. How is the program coordinated within the criminal justice system and with other members of the community?** *(Provide as much detail as possible and include all agencies and/or individuals involved in the coordination of this program.)*

**H. How many men have participated in the program during the reporting period?** \_\_\_\_\_

**Out of that number, how many completed the program in full compliance?** \_\_\_\_\_

**How many were still participating in the program at the end of the reporting period?** \_\_\_\_\_

**Were all of the men mandated to attend the program through court order?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no, how were the men referred to the program?*

**I. Out of the total number who have participated in the program, how many dropped out of the program or were dropped from the program due to non-compliance?** \_\_\_\_\_

*What were the consequences of dropping the program or being dropped from the program? (Please be as specific as possible, if 10 people failed to complete the program, specifically indicate why and indicate the consequences experienced by each of the 10 people.)*

**J. Are pre-tests and post-tests utilized to assess the effectiveness of the program?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, what are the overall average scores of these tests?*

\_\_\_\_\_ Average pre-test score

\_\_\_\_\_ Average post-test score

*Provide additional information that may be necessary to clarify the results of the pre- and post-tests.*

**K. Since the inception of this program, how many men have successfully completed the program? \_\_\_\_\_**

**L. Out of the total who have successfully completed the program since its inception, how many have re-offended? \_\_\_\_\_**

**M. Provide any additional information that you feel may emphasize the success of this program.**

**N. Describe any notable activities aimed at educating the community regarding crimes committed against women, public awareness, prevention, etc.**

**P. Identify any emerging issues or notable trends impacting crimes against women in your area.**

Date \_\_\_\_\_

**Please Note:** This Annual Performance Report must be received by January 15<sup>th</sup> during the year immediately following the end of the contract period for the referenced contract. Failure to submit this Annual Performance Report by January 15<sup>th</sup> could result in the termination of any current funding awarded to this contractor.